

KANSAS MEDICAID STATE PLAN

Attachment 4.19D

Part I

Subpart C

Exhibit C-2

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REAL AND PERSONAL PROPERTY FEE VALUE FACTOR RANGES

SKILLED NURSING FACILITIES (MEDICARE)

GROUP	PERCENTILE		AMOUNT		AVERAGE ALLOW	PERCENT	VALUE FACTOR
	FROM	TO	FROM	TO			
5	86	100	\$5.84	\$6.81	\$6.38	0.0	\$0.00
4	76	85	5.14	5.83	5.54	5.0	0.28
3	51	75	3.79	5.13	4.52	7.5	0.34
2	26	50	2.03	3.78	2.84	15.0	0.43
1	0	25	0.72	2.02	1.40	45.0	0.63

NURSING FACILITIES (NON-MEDICARE)

5	86	100	4.55	6.04	4.96	0.0	0.00
4	76	85	4.11	4.54	4.32	5.0	0.22
3	51	75	2.82	4.10	3.49	7.5	0.26
2	26	50	1.60	2.81	2.13	15.0	0.32
1	0	25	0.00	1.59	1.08	45.0	0.49

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CASE MIX INDEX TABLE EFFECTIVE 07/01/99

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RUG-III GROUP	CODE	CMI
SPECIAL REHABILITATION		
REHAB VERY HI 14-18	RVC	3.83
REHAB VERY HI 8-13	RVB	3.14
REHAB VERY HI 4-7	RVA	3.00
REHAB HI 15-18	RHD	3.16
REHAB HI 12-14	RHC	2.58
REHAB HI 8-11	RHB	2.56
REHAB HI 4-7	RHA	2.36
REHAB MED 16-18	RMC	2.33
REHAB MED 8-15	RMB	1.92
REHAB MED 4-7	RMA	1.83
REHAB LO 12-18	RLB	1.45
REHAB LO 4-11	RLA	1.31
EXTENSIVE SERVICES		
EXTENSIVE 3	SE3	3.81
EXTENSIVE 2	SE2	2.22
EXTENSIVE 1	SE1	1.50
SPECIAL CARE		
SPECIAL CARE 17-18	SSC	1.35
SPECIAL CARE 14-16	SSB	1.21
SPECIAL CARE 7-13	SSA	1.14
CLINICALLY COMPLEX		
COMPLEX 17-18 D	CD2	1.18
COMPLEX 17-18	CD1	1.13
COMPLEX 11-16 D	CC2	1.06
COMPLEX 11-16	CC1	0.99
COMPLEX 6-10 D	CB2	1.01
COMPLEX 6-10	CB1	0.90
COMPLEX 4-5 D	CA2	0.88
COMPLEX 4-5	CA1	0.73

RUG-III GROUP	CODE	CMI
IMPAIRED COGNITION		
IMPAIRED 6-10 N	IB2	0.87
IMPAIRED 6-10	IB1	0.79
IMPAIRED 4-5 N	IA2	0.70
IMPAIRED 4-5	IA1	0.60
BEHAVIOR PROBLEMS		
BEHAVIOR 6-10 N	BB2	0.89
BEHAVIOR 6-10	BB1	0.78
BEHAVIOR 4-5 N	BA2	0.62
BEHAVIOR 4-5	BA1	0.55
REDUCED PHYSICAL FUNCTIONS		
PHYSICAL 16-18 N	PE2	0.96
PHYSICAL 16-18	PE1	0.92
PHYSICAL 11-15N	PD2	0.91
PHYSICAL 11-15	PD1	0.86
PHYSICAL 9-10 N	PC2	0.81
PHYSICAL 9-10	PC1	0.81
PHYSICAL 6-8 N	PB2	0.72
PHYSICAL 6-8	PB1	0.64
PHYSICAL 4-5 N	PA2	0.64
PHYSICAL 4-5	PA1	0.52

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TN# MS-99-13 Approval Date 7/1/99 Effective Date 7/1/99 Supersedes TN# MS-98-08

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OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/92 - 06/30/93

<u>Number of Beds</u>	<u>Total Bed Days</u>	<u>Maximum Own/Admin Compensation</u>	<u>Limit PPD</u>	<u>F/Y</u>	<u>Amount</u>	<u>Cost of Living State Emp.</u>
15	5,475	\$ 18,111	\$ 3.31	76	10,000	---
16	5,840	18,641	3.19	77	10,280	2.8 %
17	6,205	19,171	3.09	78	10,537	2.5 %
18	6,570	19,701	3.00	79	11,301	7.25%
19	6,935	20,231	2.92	80	11,781	4.25%
20	7,300	20,761	2.84	81	12,617	7.1 %
21	7,665	21,291	2.78	82	13,248	5.0 %
22	8,030	21,822	2.72	83	14,109	6.5 %
23	8,395	22,352	2.66	84	14,426	2.25%
24	8,760	22,882	2.61	85	15,147	5.0 %
25	9,125	23,412	2.57	86	15,933	5.19%
26	9,490	23,942	2.52	87	16,411	3.0 %
27	9,855	24,472	2.48	88	16,575	1.0 %
28	10,220	25,002	2.45	89	17,238	4.0 %
29	10,585	25,533	2.41	90	17,755	3.0 %
30	10,950	26,063	2.38	91	18,021	1.5 %
31	11,315	26,593	2.35	92	18,021	0.0 %
32	11,680	27,123	2.32	93	18,111	0.5 %
33	12,045	27,653	2.30			
34	12,410	28,183	2.27			
35	12,775	28,713	2.25			
36	13,140	29,244	2.23			
37	13,505	29,774	2.20			
38	13,870	30,304	2.18			
39	14,235	30,834	2.17			
40	14,600	31,364	2.15			
41	14,965	31,894	2.13			
42	15,330	32,424	2.12			
43	15,695	32,955	2.10			
44	16,060	33,485	2.08			
45	16,425	34,015	2.07			
46	16,790	34,545	2.06			
47	17,155	35,075	2.04			
48	17,520	35,605	2.03			
49	17,885	36,135	2.02			
50	18,250	36,666	2.01			

90th Percentile PPD
Administrator & Co-
Administrator Salary.

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REAL AND PERSONAL PROPERTY FEE

VALUE FACTOR RANGES

SKILLED NURSING FACILITIES (MEDICARE)

GROUP	PERCENTILE FROM	TO	AMOUNT FROM	TO	AVERAGE ALLOW.	PERCENT	VALUE FACTOR
5	86	100	\$ 5.84	\$ 6.81	\$ 6.38	-0-	\$ -0-
4	76	85	5.14	5.83	5.54	5.0	.28
3	51	75	3.79	5.13	4.52	7.5	.34
2	26	50	2.03	3.78	2.84	15.0	.43
1	0	25	.72	2.02	1.40	45.0	.63

NURSING FACILITIES (NON-MEDICARE)

5	86	100	4.55	6.04	4.96	-0-	-0-
4	76	85	4.11	4.54	4.32	5.0	.22
3	51	75	2.82	4.10	3.49	7.5	.26
2	26	50	1.60	2.81	2.13	15.0	.32
1	0	25	.00	1.59	1.08	45.0	.49

APR 21 1994 OCT 01 1992
TN#MS 92-32 Approval Date _____ Effective Date _____ Supersedes TN# MS 91-42

State Plan MS # _____ Effective Date _____
Supersedes MS # _____ Approval Date _____

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Exhibit C-3

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COMPILATION OF COST CENTER LIMITATIONS EFFECTIVE 07/01/99

	BEFORE INFLATION					***AFTER INFLATION***				
	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL
MEDIAN	10.62	5.78	16.19	46.57	79.87	11.04	6.04	16.91	48.81	83.52
MEAN	11.36	6.18	16.55	46.55	80.64	11.80	6.46	17.34	48.76	84.35
WTMN	11.32	6.08	16.45	47.02	80.86	11.75	6.34	17.23	49.24	84.55
# OF PROV	370					370				

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TN# MS-99-13 Approval Date Effective Date 7/1/99 Supersedes TN# MS-98-08

KANSAS MEDICAID STATE PLAN

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COMPILATION OF ADMINISTRATOR, CO-ADMINISTRATOR AND OWNER EXPENSE - O/A LIMIT
 EFFEC. 7/1/99

	ADMINISTRATOR		CO-ADMINISTRATOR		TOTAL ADMN & CO-ADMN		OWNER	
	TOTAL	PRD	TOTAL	PRD	TOTAL	PRD	TOTAL	PRD
HIGH	164,758	5.71	48,886	2.20	164,758	5.71	255,854	6.78
99th	82,833	4.47	48,886	2.20	93,967	4.71	205,283	6.41
95th	71,637	3.28	48,886	2.20	73,468	3.31	100,162	5.23
90th	59,198	2.81	42,600	1.54	62,479	2.86	83,754	3.68
85th	54,318	2.67	38,715	1.24	55,296	2.69	72,572	3.08
80th	52,183	2.52	30,373	1.19	53,138	2.54	55,649	2.50
75th	49,918	2.43	30,373	1.19	51,114	2.43	51,798	2.23
70th	47,967	2.35	30,009	1.02	48,139	2.36	44,399	2.18
65th	46,347	2.25	28,627	0.94	46,611	2.26	38,358	1.99
60th	44,540	2.14	24,201	0.92	44,843	2.16	33,837	1.53
55th	43,040	2.02	24,201	0.92	43,303	2.02	25,018	1.40
50th	42,039	1.92	22,486	0.58	42,061	1.93	18,548	1.10
40th	39,499	1.75	12,798	0.27	39,880	1.76	10,585	0.53
30th	36,250	1.58	3,120	0.17	36,583	1.59	4,247	0.27
20th	31,336	1.42	1,785	0.06	31,253	1.42	884	0.02
10th	21,617	1.14	1,265	0.05	21,475	1.17	54	0.00
1st	7,489	0.54	567	0.02	7,102	0.53	28	0.00
LOW	4,425	0.27	567	0.02	2,331	0.14	-26,855	-4.81
MEAN	42,311	2.00	20,435	0.72	42,948	2.02	32,957	1.46
WTMN	46,522	1.85	22,406	0.68	47,546	1.88	37,706	1.40
# of Prov	346		15		348		118	

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COMPILATION OF LINE ITEM INPUTS TO INCENTIVE FACTOR EFFECT. 7/1/99

	INCENTIVE AMOUNT
HIGH	58.49
99th	50.78
95th	25.59
90th	22.83
85th	21.75
80th	20.38
75th	19.35
70th	18.74
65th	18.38
60th	17.93
55th	17.45
50th	16.86
40th	15.73
30th	14.56
20th	13.09
10th	11.43
1st	8.46
LOW	7.38
MEAN	17.42
WTMN	17.18
# of Prov	370

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STATE OF KANSAS



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KANSAS DEPARTMENT ON AGING

NEW ENGLAND BUILDING
503 S. KANSAS AVE.
TOPEKA, KS. 66603-3404

PHONE (785) 296-4986
FAX (785) 296-0256

BILL GRAVES

June 23, 1999

Thelma Hunter Gordon
Secretary of Aging

Governor

«admin», Administrator
«facility_name»
«fac_address»
«City», KS «zip»

Provider #: 104«prov_num»01

Dear «admin»:

We forwarded the per diem rate shown on the enclosed Case Mix Payment Schedule for the 1st Quarter FY 2000 (computer print-out) to our fiscal agent, Blue Cross/Blue Shield of Kansas. The rate is effective July 1, 1999. The payment schedule and rate reflect the cost center limitations, including the case mix adjustment in the Health Care cost center, inflation factors, owner/related party/administrator compensation per diem limitations, and incentive ranges.

Kansas Department on Aging (KDOA), administers the Medicaid nursing facility services payment program on behalf of SRS. The rate was calculated by applying the appropriate Medicaid program policies and regulations to the cost report (Form MS 2004) data shown on the enclosed payment schedule. Desk review adjustments to the cost report are shown on the enclosed Provider Adjustment Sheet, except transfers from one line to another, which are shown in the "Reason for SRS Adjustments" column of the schedule. (All related transfers in this column have the same key number.) IF YOU HAVE QUESTIONS ABOUT DESK REVIEW ADJUSTMENTS, CALL THE NURSING FACILITY AUDIT MANAGER IN KDOA AUDIT SERVICES AT (785) 296-2535.

For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the Kansas medical assistance program. If the private pay rate indicated on the agency register is lower, the Medicaid rate, beginning with its effective date, shall be lowered to the private pay rate reflected on the registry. The effective date of the private pay rate in the registry shall be the later of the effective date of the private pay rate or the first day of the following month in which complete documentation of the private pay rate is received by the agency. SEE KANSAS ADMINISTRATIVE REGULATION (KAR) 30-10-18(b).

If you disagree with the rate in the attached payment schedule, you have the right to request a fair hearing appeal in accordance with K.A.R. 30-7-64 et seq. Your written request for such an appeal should be delivered to or otherwise mailed so that it is received by the Department of Administration, Office of Administrative Hearings, 2nd Floor, 610 West Tenth, Topeka, Kansas 66612 within 30 days from the date of this letter. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if this notice letter is mailed rather than hand delivered.) Failure to timely request or pursue such an appeal may adversely affect your rights on any related judicial review proceeding.

If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to me or call at (785) 296-0703.

Sincerely,

Bill McDaniel, Director
Long Term Care Rate Setting and Fiscal Analysis
Administrative Services Commission

BRM:ckc
Enclosures

DEC 01 1999
TN# MS-99-13 Approval Date Effective Date 7/1/99 Supersedes TN# MS-98-08

KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

June 23, 1999

«admin», Administrator
«facility_name»
«fac_address»
«City», KS «zip»

Provider #: 154«prov_num»01

Dear «admin»:

We forwarded the per diem rate shown on the enclosed Case Mix Payment Schedule for the 1st Quarter FY 2000 (computer print-out) to our fiscal agent, Blue Cross/Blue Shield of Kansas. The rate is effective July 1, 1999. The payment schedule and rate reflect the cost center limitations, including the case mix adjustment in the Health Care cost center, inflation factors, owner/related party/administrator compensation per diem limitations, and incentive ranges.

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For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the Kansas medical assistance program. If the private pay rate indicated on the agency register is lower, the Medicaid rate, beginning with its effective date, shall be lowered to the private pay rate reflected on the registry. The effective date of the private pay rate in the registry shall be the later of the effective date of the private pay rate or the first day of the following month in which complete documentation of the private pay rate is received by the agency. SEE KANSAS ADMINISTRATIVE REGULATION (KAR) 30-10-18(b).

If you disagree with the rate in the attached payment schedule, you have the right to request a fair hearing appeal in accordance with K.A.R. 30-7-64 et seq. Your written request for such an appeal should be delivered to or otherwise mailed so that it is received by the Department of Administration, Office of Administrative Hearings, 2nd Floor, 610 West Tenth, Topeka, Kansas 66612 within 30 days from the date of this letter. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if this notice letter is mailed rather than hand delivered.) Failure to timely request or pursue such an appeal may adversely affect your rights on any related judicial review proceeding.

If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to me or call at (785) 296-3471.

Sincerely,

Elaine Schwartz, Administrator
Community Residential Services
SAMHDD Commission

Enclosures

TN# MS-99-13 Approval Date **DEC 01 1999** Effective Date **7/1/99** Supersedes TN# MS-98-08

KANSAS MEDICAID STATE PLAN

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KANSAS MEDICAID / MEDIKAN

CASE MIX SCHEDULE

1ST QRT 2000

PAGE 1

***** PROVIDER INFORMATION *****

PROVIDER NO.....

FACILITY NAME.....

ADDRESS.....

CITY/STATE/ZIP.....

ADMINISTRATOR.....

REPORT YEAR END... 12/31/1998

FISCAL YEAR END... 12/31/1998

INFLATION FACTOR.. 4.587

CHI..... 0.93

	PRIOR	CURRENT	%CHG
BEDS AVAILABLE			
NURSING FACILITY.....	59	59	0.0
NF-MENTAL HEALTH.....	0	0	0.0
TOTAL.....	59	59	0.0
ASSISTED LIVING BEDS...	0	5	100.0
OTHER.....	0	0	0.0
BED DAYS AVAILABLE....	21,535	21,535	0.0
INPATIENT DAYS.....	17,521	18,214	4.0
OCCUPANCY RATE.....	81.4	84.6	3.9
MEDICAID DAYS.....	7,634	7,134	-6.5
CAL DAYS IF APPL.....	0	0	
RES DAYS USED IN DIV...	18,305	18,305	

***** RECAP OF RESIDENT RELATED EXPENSES AND RATE CALCULATION *****

	ADMIN	PLANT OPERATING	ROOM & BOARD	HEALTH CARE	TOTAL
RES RELATED EXP.....	182,638	125,256	335,968	873,465	1,517,327
COST PER RESIDENT DAY....	9.98	6.84	18.35	47.72	82.89
INFLATION.....	0.40	0.31	0.84	2.19	3.74
PPD COST BEFORE LIMITS...	10.38	7.15	19.19	49.91	86.63
PPD COST LIMITS.....NF	12.70	6.01	21.98	56.74	97.43
ALLOWED COST.....	10.38	6.01	19.19	49.91	85.49

NF

ALLOWED COST.....	85.49
INCENTIVE FACTOR.....	0.40
REAL AND PERSONAL PROPERTY FEE.....	5.66
24-HR NURSING ADJUSTMENT.....	0.00
MINIMUM WAGE ADJUSTMENT.....	0.00

PER RESIDENT DAY RATE EFFECTIVE.....	07/01/1999	91.55
PRIVATE PAY RATE.....	10/01/1998	82.50

DEC 01 1999

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